

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>09 / 18 / 2012</b>	
Mailing Address <b>66 CANAL CENTER PLAZA, STE 555</b>		Amount <b>6186676.21</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E.001</b>
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>25256910.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>09 / 18 / 2012</b>	
Mailing Address <b>66 CANAL CENTER PLAZA, STE 555</b>		Amount <b>2090000.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E.002</b>
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>25256910.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>8276676.21</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Caleb Crosby*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 19 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date MM / DD / YYYY <b>09 / 18 / 2012</b>	
Mailing Address <b>3299 K STREET NW, STE 200</b>		Amount <b>53195.27</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007</b>	Transaction ID : <b>E.003</b>
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>25256910.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>TARGETED VICTORY</b>		Date MM / DD / YYYY <b>09 / 18 / 2012</b>	
Mailing Address <b>P.O. BOX 2187</b>		Amount <b>877200.00</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22202</b>	Transaction ID : <b>E.004</b>
Purpose of Expenditure <b>WEB ADS</b>		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>25256910.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>930395.27</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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Caleb Crosby

Signature

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Date

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(SCHEDULE E)

PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
American Crossroads

FEC IDENTIFICATION NUMBER ▼

C C00487363

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee  
BLUEFRONT STRATEGIES LLC

Date

MM / DD / YYYY  
09 / 18 / 2012

Mailing Address 174 WATERFRONT STREET, STE 500

Amount

80000.00

City State Zip Code  
NATIONAL HARBOR MD 20745

Transaction ID : E.005

Purpose of Expenditure  
WEB ADS

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 25256910.83

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

80000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

9287071.48

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Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 19 / 2012

Signature